

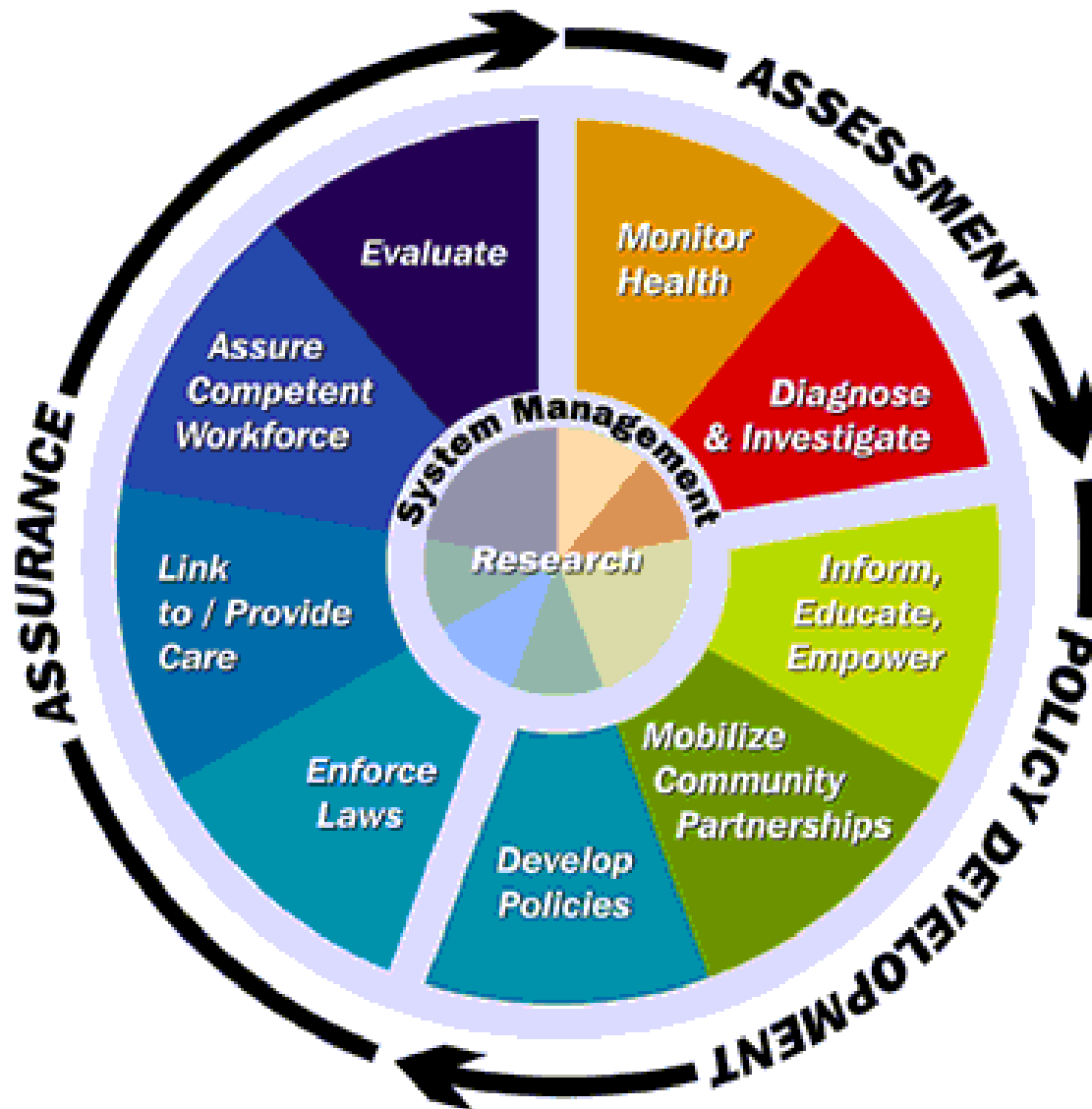
Indiana Injury Prevention  
Advisory Committee  
and  
Injury Prevention Subcommittee  
of the Indiana Trauma Taskforce

January 15, 2009

# Agenda

- Welcome and Introductions
- Overview of ACS Visit-Susan Perkins RN
- Injury Prevention Survey Results-Jodi Hackworth, MPH
- Where are we headed?

# Public Health Framework



Source: [www.health.gov/phfunctions/images/pubh\\_wh2.gif](http://www.health.gov/phfunctions/images/pubh_wh2.gif)

# Public Health Core Functions

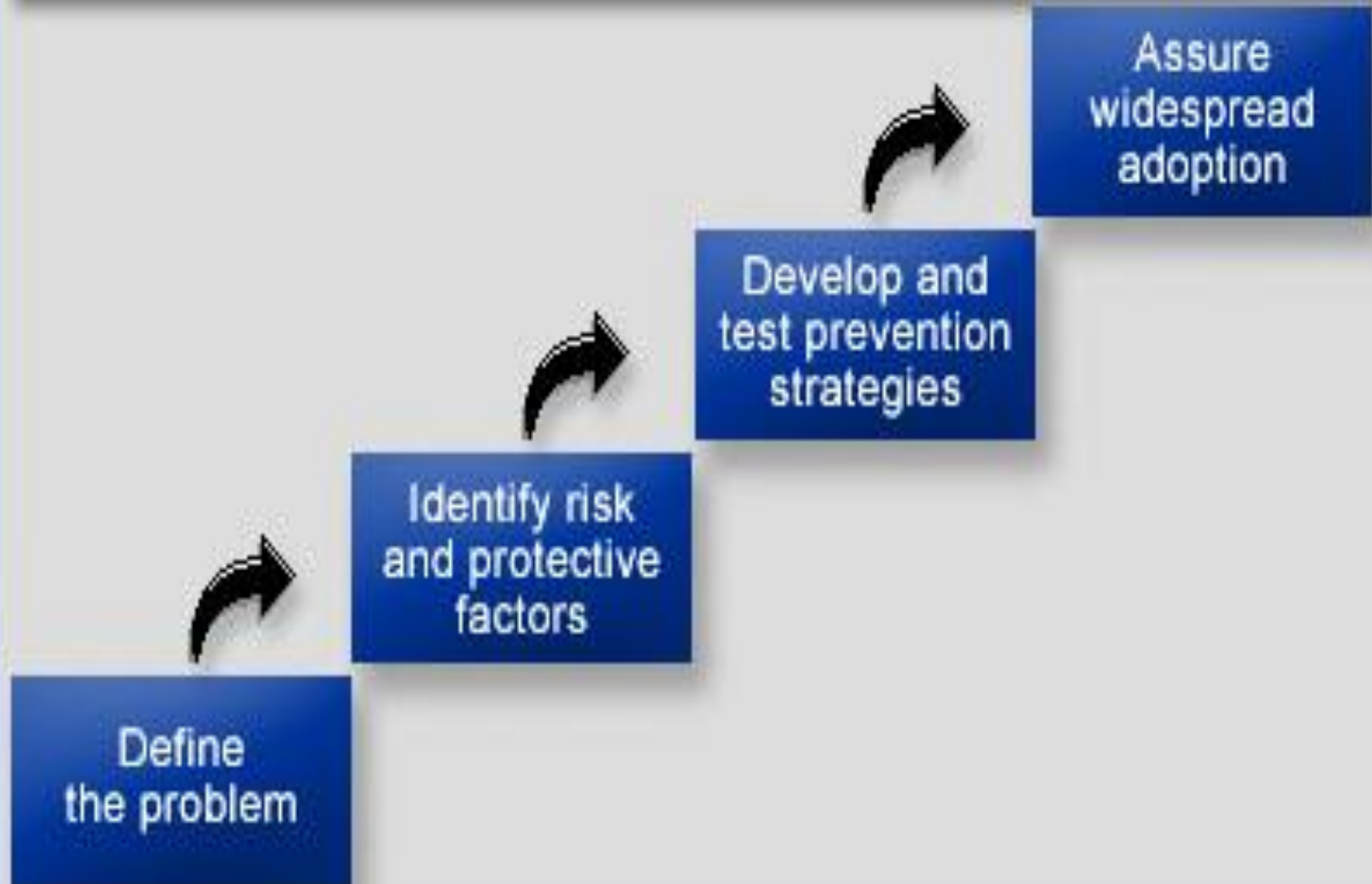
# Trauma System Components

CORE FUNCTION	ESSENTIAL SERVICE	1992 CORE COMPONENT	SUBCOMPONENTS
Assessment	Monitor health Diagnose & investigate	Evaluation	Needs assessment Data collection Research
Policy Development	Inform, educate, & empower Mobilize partnerships	Public information and education	Injury prevention Trauma system committee
	Develop policies	Legislation Regulations	Trauma system planning and operations Regulations and rules
Assurance	Enforce laws		State Lead Agency
	Ensure links to or provision of care	Prehospital care	Communications Triage and transport, medical direction, & treatment protocols
		Definitive care	Facility designation, interfacility transfer, & rehabilitation
	Ensure competent workforce	Human resources	Workforce resources & educational preparation
	Evaluation	Evaluation	Data collection      Research Interdisciplinary Review Committee

This slide is from Cooper, G “HRSA Model Trauma Systems Planning and Evaluation”

<http://www.emsa.ca.gov/systems/Trauma/files/ModelTraumaPlan.ppt#256,1,HRSA Model Trauma Systems Planning & Evaluation>

# The Public Health Model



# Organizations

- APHA: American Public Health Association
- STIPDA: State and Territorial Injury Prevention Director Association (systems)
- SAVIR: Society for the Advancement of Violence and Injury Research (research; injury competencies)

# STIPDA Core System Components

- Solid infrastructure for injury and violence prevention
- Collect and analyze injury and violence data
- Design, implement, and evaluate programs
- Technical support and training
- Affect public policy



# Working Premises

- Injuries are the leading cause of death for Hoosiers 1 to 44 years of age; the third leading cause of death for Hoosier 45-54; the fourth leading cause of death for those 55-64; and in the top ten causes of death for Hoosiers 65 and older. Indiana is consistently in the top five states for unintentional suffocation deaths for infants less than one year of age. As such, the prevention of such injuries (and subsequent cost savings) should be a priority for the State of Indiana.
- Currently, Indiana ranks 50th in Public Health Expenditure.

# Working Premises

- While there are people within ISDH and other agencies who place injury as a priority, injury is currently not triaged as a priority within the state as evidenced by resources and funding.
- Injuries are a public health issue, and as such, should be framed within the Public Health Model using guidelines developed by the CDC/APHA, STIPDA, SAVIR, and WHO.

# Working Premises

- Injury prevention needs to be scientifically, evidence-based whenever possible using national guidelines/evidence if available.
- Evaluation is an essential component of injury prevention. We need to be respectful that “one solution” will not fit everyone; however, evaluation will be essential to ensure that the intervention is effective.
- Communities/individuals should be active partners in preventing injuries and as such, should not be patronized or viewed as our “clients”.

# Working Premises

- Intentional and unintentional injuries will be included, excluding hospital patient safety issues.
- Everyone is very busy and has a limited amount of time and resources; thus, the meetings need to be productive with a clear agenda, goals, etc.
- The work needs to be rewarding and useful at the individual, organizational, and state level.
- Need to be cognizant that, when we ask individuals or organizations to contribute time, money, etc, that we need to attempt to make sure that they receive something in return.

# Working Premises

- The group needs to be representative of injuries that encompass all ages, state geographic locations (rural and urban), and ethnicities/cultures/races/religions.
- As with any coalition, there are (and will continue to be) natural tensions within the group as we all come to the table with vested interests both professionally and organizationally. This is normal and needs to be acknowledged upfront. However, we all will be respectful of each other as we have important contributions to make to the ultimate goal of keeping Hoosiers healthier and safer.

# Working Premises

- There is a natural tension between “program” oriented professionals and “research” data oriented professionals. This is natural, but both have important functions and contributions to make.
- We need to be realistic about the current fiscal/economic/ and political will. This may require flexibility on our part as we work together to achieve our goals.

# Working Premises

- The group of people here, as currently constructed, does not include all necessary stakeholders. However, there is some foundational structural work that is essential before we move to the next level.
- Our vision for the future of injury prevention in Indiana must begin with a framework that will ensure that professionals are properly trained with the skills and knowledge necessary to reduce the burden of injury. A curriculum for injury prevention, i.e. core competencies, is necessary for IP professionals to excel and strengthen the field as a whole.

# Workgroups



# Communication

To identify effective methods for “meetings”  
in large state

# Training

- To develop training curriculum for injury prevention specialists and pilot with injury prevention specialist at Level 1 and 2 Trauma centers

# **Data/Surveillance**

- Objective: Conduct gap analysis of all available injury databases
- Objective: Increase use of e-coding within Indiana Hospital Discharge Database

# ***Development***

- To develop organizational structure for the future

# Injury prevention basic knowledge

- <http://www.injuryed.org>

# Core Competency #6

- **In communicating about injury and violence prevention efforts, public health professionals should:** Publish their evidence about programs in newsletters rather than peer-reviewed journals  
Avoid releasing information about unsuccessful interventions  
Use newspaper opinion pieces as a means for advocacy  
Avoid talking with TV reporters who don't understand research and may make errors in their interpretation

# Core Competency #6

- **In the preparation of a report or publication for the general public that addresses an injury or violence prevention finding, you would want to think about framing. What does framing mean?** Discrediting those who would disagree with your message  
Being as sincere as you possibly can in regards to the issue  
Anticipating all objections and giving arguments for each  
Shaping the story that goes with your findings in a way that helps the recipient see the point you are trying to make  
Reviewing all discrepant positions regarding the issue you are dealing with and thinking through how to dispute them

# **Core Competency #6**

- **There are many ways that you can communicate effectively about injury and violence prevention to an audience. Which of the following is NOT one of them?** Use attention getting, meaningful symbolsProvide as many research citations as you can find to support your point of viewIncorporate authentic voices - words and perspectives of people with experience that is relevantBreak down large numbers into smaller, simpler unitsUse comparisons and examples tailored to the audience's experience



# Core Competency 7

- A. among the following laws or regulations that address injury and/or violence:
- **Select the example that is NOT related to the primary prevention of injuries or violence** A requirement for producing safe toys for children  
A requirement for mandatory reporting of child abuse casespicA requirement for producing flame retardants in the fabric of selected clothingA requirement for drivers and occupants of motor vehicles to wear seatbeltsA requirement to have four-sided fences around swimming pools in homes

# Future Meetings/Dates

- January 22: workgroup selection
- Thursday March 19 11 am-1 pm
- Thursday May 14 10 am- 1 pm (10-12 workgroup; 12-1 large group) NOTE: Due to Memorial Day Weekend, this meeting is held on the 2nd Thursday of the month.